

TRANSMITTAL LETTER TO THE UNITED STATES DESIGNATED OFFICE (DO/US)

PCT/SE97/01098

International Application Number

18 June 1997

International Filing Date

20 June 1996

Priority Date(s) Claimed

ADMINISTRATION OF PHARMACEUTICALS

Title of Invention

CEDERBERG, Christer and SACHS, George

Applicant(s) for DO/US

<p>"Express Mail" Label No. <u>EF 356 750 140 US.</u></p> <p>Date of Deposit <u>OCTOBER 21</u>, 1997. I hereby certify that this paper is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the: Assistant Commissioner for Patents, Washington, D.C. 20231.</p> <p><u>Colleen Lynch</u> (Type or print name of person mailing paper or fee)</p> <p><u>Colleen Lynch</u> (Signature of person mailing paper or fee)</p>

OX PCT

Assistant Commissioner for Patents
Washington D.C. 20231

to the United States Designated Office (DO/US):

- Accompanying this transmittal letter are certain items which are required under 35 U.S.C. 371 in order that United States National processing of the above identified International application may commence:
 - (X) at the expiration of the applicable time limit under PCT Articles 22 and 39(1) according to the provisions of 35 U.S.C. 371(b).
 - () as soon as possible upon receipt of this express request under 35 U.S.C. 371(f).

1. The U.S. National fee [35 U.S.C. 371(c)(1)]

a. () was previously transmitted by applicant on (date)_____.

b. (X) is submitted herewith as follows:

FOR	(Col. 1) NO. FILED	(Col. 2) NO. EXTRA	SMALL ENTITY RATE	FEE	or	OTHER THAN A SMALL ENTITY RATE	FEE
Basic Fee	(USPTO NOT ISA OR IPEA)		////	\$535	or	/////	\$1070
Total Claims	- 20 =	--	x11 =		or	x22 =	
Ind. Claims	2 - 3 =	--	x41 =		or	x82 =	
(X) Multiple Dependent Claim Presented			+135 =		or	+270 =	270
	TOTAL NATIONAL FEE			\$_____	or		\$1340

i. () A check in the amount of \$_____ is enclosed.

ii. (X) Please charge the filing fee, multiple dependent claim fee, and any excess claims fee to Deposit Account No. 23-1703.

iii. (X) The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 23-1703. A duplicate copy of this sheet is enclosed.

2. A copy of the International application as filed [35 U.S.C. 371(c)(2)]:

a. (X) is transmitted herewith.

b. () is not required as the application was filed with the United States Receiving Office.

c. () has been transmitted

i. () by the International Bureau. Date of mailing of the application (from form PCT/IB/308): _____ A copy of form PCT/IB/308 is enclosed.

ii. () by applicant on (date) _____.

3. A translation of the International application into the English language [35 U.S.C. 371(c)(2)]:

- a. ☐ is transmitted herewith.
- b. ☒ is not required as the application was filed in English.
- c. ☐ was previously transmitted by applicant on (date)_____.

4. Amendments to the claims of the International application under PCT Article 19 [35 U.S.C. 371(c)(3)]:

- a. ☐ are transmitted herewith.
- b. ☐ have been transmitted
 - i. ☐ by the International Bureau. Date of mailing of the amendments (from form PCT/IB/308): _____.
 - ii. ☐ by applicant on (date) _____.
- c. ☒ have not been transmitted as
 - i. ☐ no notification has been received that the International Searching Authority has received the Search Copy.
 - ii. ☐ the Search Copy was received by the International Searching Authority but the Search Report has not yet issued. Date of receipt of Search Copy (from form PCT/ISA/202): _____.
 - iii. ☐ applicant chose not to make amendments under PCT Article 19. Date of mailing of Search Report (from form PCT/ISA/210): _____.
 - iv. ☒ the time limit for the submission of amendments has not yet expired. The amendments or a statement that amendments have not been made will be transmitted before the expiration of the time limit under PCT Rule 46.1.

5. A Translation of the amendments to the claims under PCT Article 19 [35 U.S.C. 371(c)(3)]:

- a. ☐ is transmitted herewith.
- b. ☐ is not required as the amendments were made in the English language.

- c. ☒ has not been transmitted for reasons indicated at point I.4.b. or c. above.
6. An oath or declaration of the inventor [35 U.S.C. 371(c)(4)] complying with 35 U.S.C. 115:
- a. ☐ was previously submitted by applicant on (date) _____.
- b. ☒ is submitted herewith;
and such oath or declaration
- i. ☒ is attached to the application.
- ii. ☒ identifies the application and any amendments under PCT Article 19 which were transmitted as stated in points 1.2.b. or c. and 1.4. and states that they were reviewed by the inventor as required by 37 CFR 1.70.
- c. ☐ will be submitted subsequently.

II. Concerning other documents:

1. An International Search Report or Declaration under PCT Article 17(2)(a):
- a. ☐ has been transmitted by the International Bureau. Date of mailing (from form PCT/IB/308): _____ A copy of form PCT/IB/308 is enclosed
- b. ☐ is not required as the application was searched by the United States International Searching Authority.
- c. ☐ A copy of the International Search Report is transmitted herewith.
- d. ☐ has been submitted by applicant on (date) _____.
2. A Statement of prior art under 37 CFR 1.97 and 1.98:
- a. ☐ is transmitted herewith including copies of the references cited on the attached form PTO-1449. Also enclosed is a copy of the International-Type Search Report issued in the Swedish priority application.
- b. ☐ will be transmitted within THREE MONTHS of the date of submission of requirements under 35 U.S.C. 371(c).

c. () was previously submitted by applicant on _____,
in application serial no. _____.

3. (X) An assignment is transmitted herewith for recording. A
separate cover sheet in compliance with 37 CFR 3.28 and 3.31
is included.

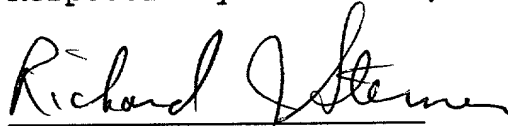
a. (X) Please charge the \$40 assignment recordation fee to
Deposit Account No. 23-1703.

b. () A check in the amount of \$_____ is enclosed.

4. Other document(s) or information included:

- Copy of PCT/RO/101 - The PCT Request Form.
- One sheet of drawings.

Respectfully submitted,



Richard J. Sterner
Reg. No. 35,372

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October 21, 1997
DATE

enclosures

ADMINISTRATION OF PHARMACEUTICALS

Field of the invention

5 The present invention is related to a new administration regimen of proton pump inhibitors, i.e. H^+ , K^+ -ATPase inhibitors. The new administration regimen gives an extended blood plasma concentration profile of the pharmaceutical substance, i.e. the proton pump inhibitors, thereby giving an improved inhibition of gastric acid secretion and an improved therapeutic effect. More specifically, the invention refers to the use of pharmaceutical

10 preparations with a controlled release in the treatment of gastric acid-related diseases. The pharmaceutical preparation is preferably in the form of a dosage form which provides an extended and constant release of the acid labile H^+ , K^+ -ATPase inhibitor in the small and/or large intestines (but not in stomach) or a dosage form which provides two or more discrete pulses of release of the H^+ , K^+ -ATPase inhibitor in the small and/or large

15 intestines (but not in stomach) separated in time with 0.5 - 4 hours. Furthermore, the present invention refers to the manufacture of such preparations.

Background of the invention

20 Acid labile H^+ , K^+ -ATPase inhibitors also named as gastric proton pump inhibitors are for instance compounds known under the generic names omeprazole, lansoprazole, pantoprazole, pariprazole and leminoprazole. Some of these compounds are for instance disclosed in EP-A1-0005129, WO 94/27988, EP-A1-174726, EP-A1-166287 and GB 2163747.

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These pharmaceutical substances are useful for inhibiting gastric acid secretion in mammals including man by controlling gastric acid secretion at the final step of the acid secretory pathway and thus reduce basal and stimulated gastric acid secretion irrespective of stimulus. In a more general sense, they may be used for prevention and treatment of

gastric-acid related diseases in mammals and man, including e.g. reflux oesophagitis, gastritis, duodenitis, gastric ulcer, duodenal ulcer and Zollinger-Ellison syndrom.

Furthermore, they may be used for treatment of other gastrointestinal disorders where gastric acid inhibitory effect is desirable e.g. in patients on NSAID therapy, in patients with

5 Non Ulcer Dyspepsia, and in patients with symptomatic gastro-esophageal reflux disease.

They may also be used in patients in intensive care situations, in patients with acute upper gastrointestinal bleeding, pre-and postoperatively to prevent aspiration of gastric acid and to prevent and treat stress ulceration. Further, they may be useful in the treatment of psoriasis as well as in the treatment of *Helicobacter* infections and diseases related to

10 these.

Therapeutic control of gastric acid secretion is fundamental in all these diseases, but the degree and duration of acid inhibition required for optimal clinical effect is not fully understood.

15 The duration of acid inhibition of one proton pump inhibitor such as for instance omeprazole is 3 - 4 days despite a plasma half-life of only 0.5 - 1 hour (Lind et al, Gut 1983;24:270-276)). This lack of temporal relationship between plasma concentration of omeprazole and the degree of acid inhibition is due to the long-lasting binding of the active

20 inhibitor to the gastric pump.

Proton pump inhibitors, such as the above discussed omeprazole, are generally administered as a single daily dose of 20 mg to 40 mg, depending on the gastrointestinal disorder as well as the severity of the disease. In the treatment of Zollinger-Ellison

25 syndrom higher dosages of 60 - 120 mg/daily and as much as 360 mg/daily have been used. Generally, the proton pump inhibitor is administered to the patient during 2 - 4 weeks, in some cases up to 8 weeks. Omeprazole has also been used as maintenance therapy for peptic ulcer disease and reflux oesophagitis during many years.

30 Despite this long duration of acid inhibition once daily dosing results in not more than

70-80 % inhibition of maximal acid output prior to next dose. Results from *Helicobacter pylori* eradication studies have shown an improved efficacy with twice daily dosing in combination with antimicrobials. Treatment of severe GORD is also improved by divided doses as compared to single daily dose increments. These improved clinical effects are due to longer periods of high acid inhibition.

Although action of proton pump inhibitors is covalent, efficacy depends on active pumps and there are two pools of pumps, active and inactive. Only active pumps are covalently inhibited. The inactive pumps are recruited throughout the day therefore effectiveness of acid inhibition improves for 72 hours on once a day treatment, steady state being achieved as a balance between inhibition of active pumps and *de novo* biosynthesis or reversal of inhibition.

Extended release formulations to give blood plasma levels extending from 6-12 hours (by any of several means) will result in a larger fraction of the pumps being inhibited and should result in more effective inhibition of acid secretion resulting in improved efficacy in GORD, more rapid healing of gastric ulcer and improved eradication of *H. Pylori*.

Detailed description of the drawings

Figure 1 shows two graphs. These show the differences between once daily administration and administration of two consecutive doses within 3 hours.

Summary of the invention

On a once a day administration regimen the maximal effect of omeprazole is about 75 % to 80 %, 24 hours after dose (Lind et al 1986, Scand J Gastroenterol (Suppl 118): 137 - 8 and Lind et al 1988, Scand J Gastroenterol 23: 1259 - 66), i.e. about 20 % to 25 % of the maximal gastric acid secretory capacity is present 24 hours after the dose. Even if an increased dose quantity of the proton pump inhibitor has been used (See Lind et al) the maximal gastric acid inhibition is limited to about 80 %.

The known dose dependency of gastric acid inhibition has hitherto resulted in a recommendation to initially increase the dose of the proton pump inhibitor, if a low response on the therapy or lack of response is obtained.

5

It has now been proposed according to the present invention to extend the plasma concentration profile of proton pump inhibitors and thereby improving their therapeutic effect. According to one aspect of the invention the extended plasma profile is provided by once daily administration of a dosage form which releases the proton pump inhibitor with an almost constant rate during an extended time period. According to another aspect of the invention the extended plasma profile is provided by once daily administration of a dosage form which, in the small and/or large intestines (but not in the stomach), releases the proton pump inhibitor in discrete pulses separated in time by 0.5 - 4 hours. It is also possible to obtain an extended plasma profile of a proton pump inhibitor by consecutive administrations of two or more unit doses with 0.5 - 4 hours intervals.

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Detailed description of the invention

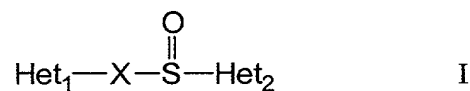
Acid secretion by the gastric mucosa is a property of the parietal cell. Whereas the functional regulation of this cell is a complicated process involving several different cell types with different receptors, acid transport *per se* is the property of a single P-type ATPase, the gastric H^+ , K^+ -ATPase. Therefore, effective therapeutic control of acid secretion involves either receptor blockade or gastric H^+ , K^+ -ATPase inhibition. This invention relates to the proton pump inhibitors and their reaction with the gastric acid pump. The half-life in plasma of the proton pump inhibitors is rather short. The administered proton pump inhibitor reacts with the active gastric acid pumps available for inhibition during that time. Un-inhibited, inactive pumps will be present during this time and pumps will recover following biosynthesis and reversal of inhibition. Therefore, by a repeated regimen or a dosage form which provides an extended plasma profile of the proton pump inhibitors recovered pumps as well as un-inhibited pumps not previously

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available will react with the newly administered dose or pulse of pharmaceutical substance or the continuously released substance.

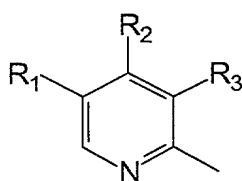
By administration of a pharmaceutical dosage form with an extended release, the plasma concentration of the pharmaceutical substance can be kept on a high level during an extended time. As a result the number of pumps inhibited by the proton pump inhibitor will increase and a more efficient therapeutic control of acid secretion will be obtained.

Compounds of interest for the novel administration with a repeated dosing regimen as well as for the controlled release preparations/compositions giving an extended plasma profile according to the present invention are compounds of the general formula I

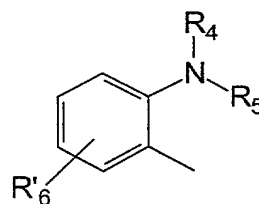


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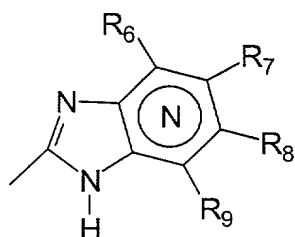
Het₁ is



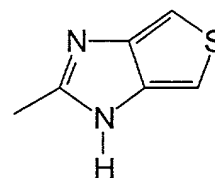
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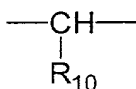
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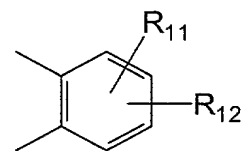
or



X =



or



wherein

N in the benzimidazole moiety means that one of the ring carbon atoms substituted by R₆-R₉ optionally may be exchanged for a nitrogen atom without any substituents;

R₁, R₂ and R₃ are the same or different and selected from hydrogen, alkyl, alkoxy optionally substituted by fluorine, alkylthio, alkoxyalkoxy, dialkylamino, piperidino, morpholino, halogen, phenyl and phenylalkoxy;

R₄ and R₅ are the same or different and selected from hydrogen, alkyl and aralkyl;

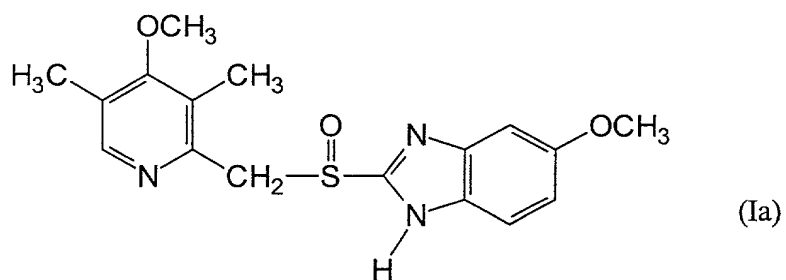
R₆' is hydrogen, halogen, trifluoromethyl, alkyl and alkoxy;

R₆-R₉ are the same or different and selected from hydrogen, alkyl, alkoxy, halogen, haloalkoxy, alkylcarbonyl, alkoxy carbonyl, oxazolyl, trifluoroalkyl, or adjacent groups R₆-R₉ form ring structures which may be further substituted;

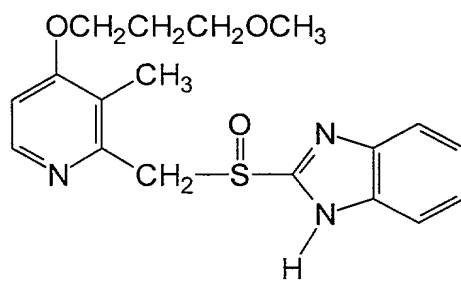
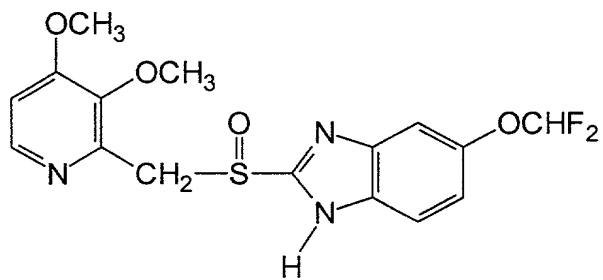
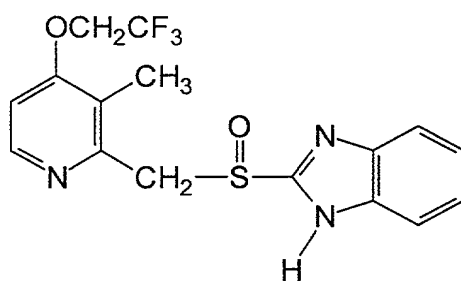
R₁₀ is hydrogen or forms an alkylene chain together with R₃ and

R_{11} and R_{12} are the same or different and selected from hydrogen, halogen or alkyl.

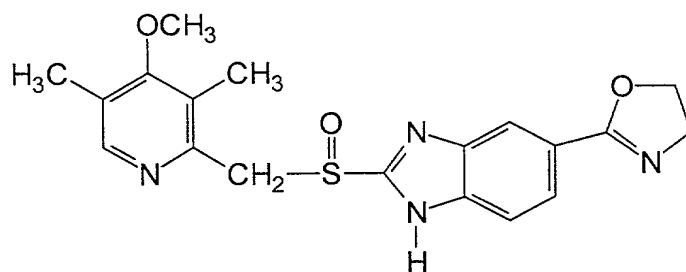
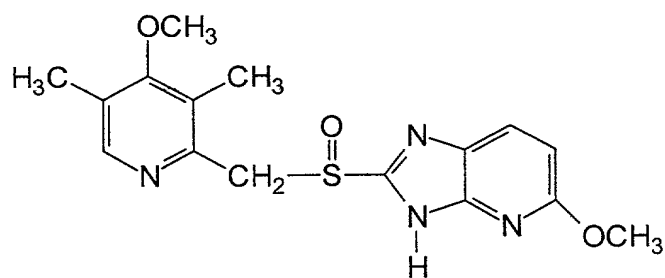
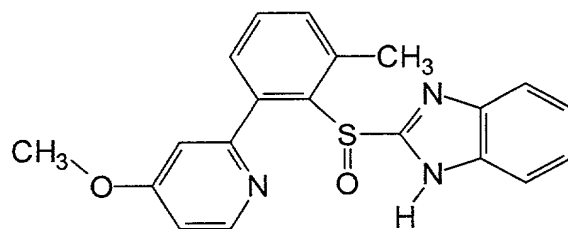
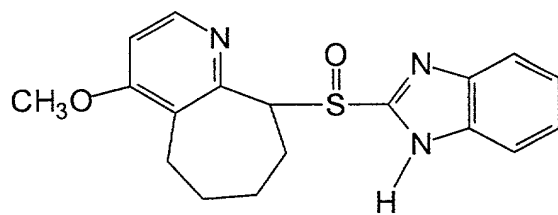
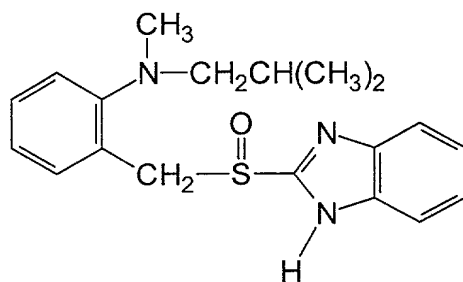
Examples of specifically interesting compounds according to formula I are

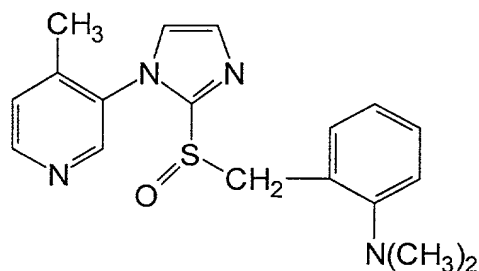


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The compound used in the administration regimen as well as in the controlled release preparations according to the present invention may be used in neutral form or in the form of an alkaline salt, such as for instance the Mg^{2+} , Ca^{2+} , Na^{+} or K^{+} salts, preferably the Mg^{2+} salts. The compounds may also be used in the form of one of its single enantiomers or an alkaline salt of the single enantiomer.

Preferred compounds for the administration regimen and the oral pharmaceutical preparation according to the present invention are omeprazole, a magnesium salt of omeprazole or a magnesium salt of the (-)-enantiomer of omeprazole.

The above compounds are susceptible to degradation/transformation in acidic and neutral media. Generally, the degradation is catalyzed by acidic reacting compounds and the active compounds are stabilized with alkaline reacting compounds. Thus, the substances being acid labile proton pump inhibitors are best protected from contact with acidic gastric juice by an enteric coating. There are different enteric coating layered preparations comprising omeprazole as well as other proton pump inhibitors described in the prior art, see for instance US-A 4,853,230. An enteric coated tablet of omeprazole magnesium salt is described in WO 95/ 01783. A tableted multiple unit dosage form of omeprazole is described in WO 96/ 01623. Pharmaceutical preparations manufactured according to known principles as described in the specifications US-A 4,853,230, WO 95/ 01783 and WO 96/ 01623, hereby incorporated in whole by references, may be used for administration with an increased dosing frequency according to the present invention.

A unit dosage of the proton pump inhibitor, for instance 1 - 500 mg is administered at least twice a day. The unit dosage may be given with a dosing frequency of about 0.5 - 4 hours, preferably two doses are given during a time period of 2 to 3 hours. Suitable doses comprise for instance 5, 10, 15, 20, 30 and 40 mg of the pharmaceutical substance.

In another embodiment of the invention an extended plasma profile is obtained by administration of a unit dose of a proton pump inhibitor which releases the drug for absorption in the small and/or large intestines in discrete pulses separated in time by 0.5 - 4 hours.

Alternatively, an oral pharmaceutical formulation with extended release of the pharmaceutical substance during 2 - 12 hours, preferably 4 - 8 hours may be administered. Such an extended release preparation may comprise up to 500 mg of the substance, preferably the doses comprise about 5 - 100 mg of the substance, and more preferably 10 - 80 mg.

Different techniques for manufacturing of various controlled release preparations are for example described in Aulton M.E. (Churchill Livingstone Ed.), *Pharmaceutics: The science of dosage form design* (1988), p. 316-321.

The invention is described more in detail by the following examples.

Examples

Omeprazole (Prilosec[®] capsules) 40 mg once daily (administered at 8.00 a.m.) or 20 mg given twice daily (administered at 8.00 a.m. and at 11.00 a.m.) given during five consecutive days were compared regarding effect on peptone stimulated gastric acid secretion and intragastric acidity measured on days 1 to 3 and day 5 in eight healthy subjects. During the first two days of treatment there was a significantly ($p > 0.05$) lower number of hours with high acidity ($\text{pH} > 1$) when omeprazole was given twice daily, 20 mg administered with 3 hours apart, compared to a single morning dose of 40 mg. There was

also a significantly higher degree of inhibition of peptone stimulated acid output 24 hours post dose during the first three days of treatment. See Figure 1. These results clearly support the concept of extended plasma profiles of omeprazole being beneficial in optimising control of acid secretion.

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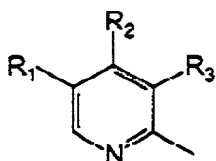
Amended claims

1. An administration regimen for improved inhibition of gastric acid secretion characterized in that an extended blood plasma profile of a H^+ , K^+ -ATPase inhibitor is obtained and that said H^+ , K^+ -ATPase inhibitor is a compound with the formula I

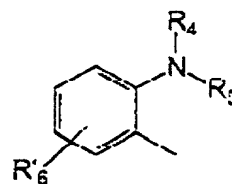


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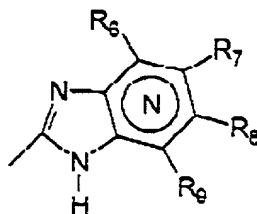
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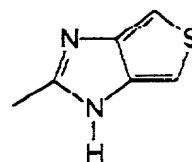
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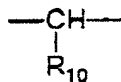
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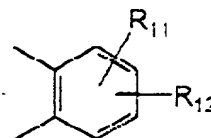
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X -



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and wherein

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N in the benzimidazole moiety means that one of the ring carbon atoms substituted by R_6 - R_9 , optionally may be exchanged for a nitrogen atom without any substituents;

R_1 , R_2 and R_3 are the same or different and selected from hydrogen, alkyl, alkoxy optionally substituted by fluorine, alkylthio, alkoxyalkoxy, dialkylamino, piperidino, morpholino, halogen, phenyl and phenylalkoxy;

R_4 and R_5 are the same or different and selected from hydrogen, alkyl and aralkyl;

R_6 is hydrogen, halogen, trifluoromethyl, alkyl and alkoxy;

R_6 - R_9 are the same or different and selected from hydrogen, alkyl, alkoxy, halogen, halo-alkoxy, alkylcarbonyl, alkoxycarbonyl, oxazolyl, trifluoroalkyl, or adjacent groups R_6 - R_9 form ring structures which may be further substituted;

R_{10} is hydrogen or forms an alkylene chain together with R_3 and

R_{11} and R_{12} are the same or different and selected from hydrogen, halogen or alkyl.

2. An administration regimen according to claim 1 characterized in that the H^+ , K^+ -ATPase inhibitor is a compound selected from the group of omeprazole, an alkaline salt of omeprazole, the (-)-enantiomer of omeprazole and an alkaline salt of the (-)-enantiomer of omeprazole.

3. An administration regimen giving an extended blood plasma profile of a H^+ , K^+ -ATPase inhibitor according to any of claims 1 and 2 characterized in that the extended plasma profile is obtained by two or more consecutive oral administrations of a unit dose of the H^+ , K^+ -ATPase inhibitor with 0.5 - 4 hours intervals.

4. An administration regimen giving an extended blood plasma profile of a H^+ , K^+ -ATPase inhibitor according to claim 1 characterized in that the extended plasma profile is obtained by oral administration of a unit dose of a pharmaceutical

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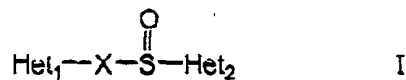
11-09-1998

preparation which releases the drug for absorption in two or more discrete pulses separated in time by 0.5 - 4 hours.

5. An administration regimen according to claim 1, characterized in that the extended plasma profile is obtained by oral administration of a unit dose of a pharmaceutical preparation which releases the H^+ , K^+ -ATPase inhibitor for absorption with an almost constant rate during an extended time period.

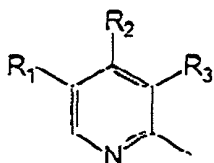
6. An administration regimen according to any of claims 1 - 5 characterized in that the extended plasma profile is received during 2 - 12 hours.

7. An oral pharmaceutical composition giving an extended blood plasma profile of a H^+ , K^+ -ATPase inhibitor, characterized in that the H^+ , K^+ -ATPase inhibitor is a compound with the formula I

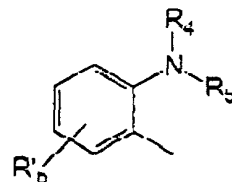


wherein

Het₁ is



or

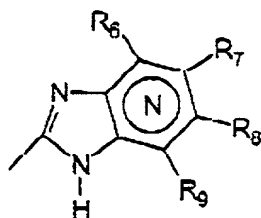


Het₂ is

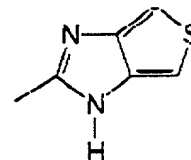
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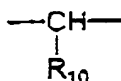
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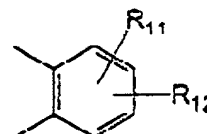
or



X =



or



wherein

N in the benzimidazole moiety means that one of the ring carbon atoms substituted by R_6 - R_9 , optionally may be exchanged for a nitrogen atom without any substituents;

R_1 , R_2 and R_3 are the same or different and selected from hydrogen, alkyl, alkoxy optionally substituted by fluorine, alkylthio, alkoxyalkoxy, dialkylamino, piperidino, morpholino, halogen, phenyl and phenylalkoxy;

R_4 and R_5 are the same or different and selected from hydrogen, alkyl and aralkyl;

R_6 is hydrogen, halogen, trifluoromethyl, alkyl and alkoxy;

R_7 - R_9 are the same or different and selected from hydrogen, alkyl, alkoxy, halogen, halo-alkoxy, alkylcarbonyl, alkoxy carbonyl, oxazolyl, trifluoroalkyl, or adjacent groups R_6 - R_9 form ring structures which may be further substituted;

R_{10} is hydrogen or forms an alkylene chain together with R_1 and

R_{11} and R_{12} are the same or different and selected from hydrogen, halogen or alkyl.

8. An oral pharmaceutical preparation according to claim 7, characterized in that the H^+ , K^+ -ATPase inhibitor is a compound selected from the group of omeprazole, an

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alkaline salt of omeprazole, the (-)-enantiomer of omeprazole and an alkaline salt of the (-)-enantiomer of omeprazole.

9. An oral pharmaceutical preparation giving an extended blood plasma profile of a H^+ , K^+ -ATPase inhibitor according to claim 7 characterized in that the pharmaceutical preparation releases the drug for absorption in two or more discrete pulses separated in time by 0.5 - 4 hours.

10. An oral pharmaceutical preparation according to claim 7, characterized in that the pharmaceutical preparation releases the H^+ , K^+ -ATPase inhibitor for absorption with an almost constant rate during an extended time period.

11. An oral pharmaceutical preparation giving an extended blood plasma profile of a H^+ , K^+ -ATPase inhibitor according to any of claims 7 - 10 characterized in that the extended plasma profile is received during 2 - 12 hours.

12. Use of an oral pharmaceutical composition as claimed in any of claims 7 - 10 in the manufacture of a medicament with improved inhibition of gastric acid secretion.

13. Use of an oral pharmaceutical composition as claimed in any of claims 7 - 10 in the manufacture of a medicament with improved therapeutic effect in the treatment of gastrointestinal disorders associated with excess acid secretion.

14. Use of H^+ , K^+ - ATPase inhibitor with the formula I defined in claim 1, for the preparation of a pharmaceutical composition with extended release.

15. A method for improving inhibition of gastric acid secretion which comprises administering to a patient in need thereof, an oral pharmaceutical composition as claimed in any of claims 7 - 10.

16. A method for improving the therapeutic effect in the treatment of gastrointestinal disorders associated with excess acid secretion which comprises

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administering to a patient in need thereof, an oral pharmaceutical composition as claimed in any claims 7 - 10.

17. A method for receiving an extended plasma profile of a H^+ , K^+ -ATPase inhibitor by administering to a patient in need thereof a pharmaceutical preparation with extended release of a H^+ , K^+ -ATPase inhibitor as defined in claim 1.

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Abstract

A new administration regimen giving an extended plasma concentration profile of a H^+ , K^+ -
5 ATPase inhibitor. The extended plasma profile is received by two or more consecutive
administrations of a unit dose of a H^+ , K^+ - ATPase with 0.5 - 4 hours interval or by a
pharmaceutical composition with extended release, which may be administered once daily.

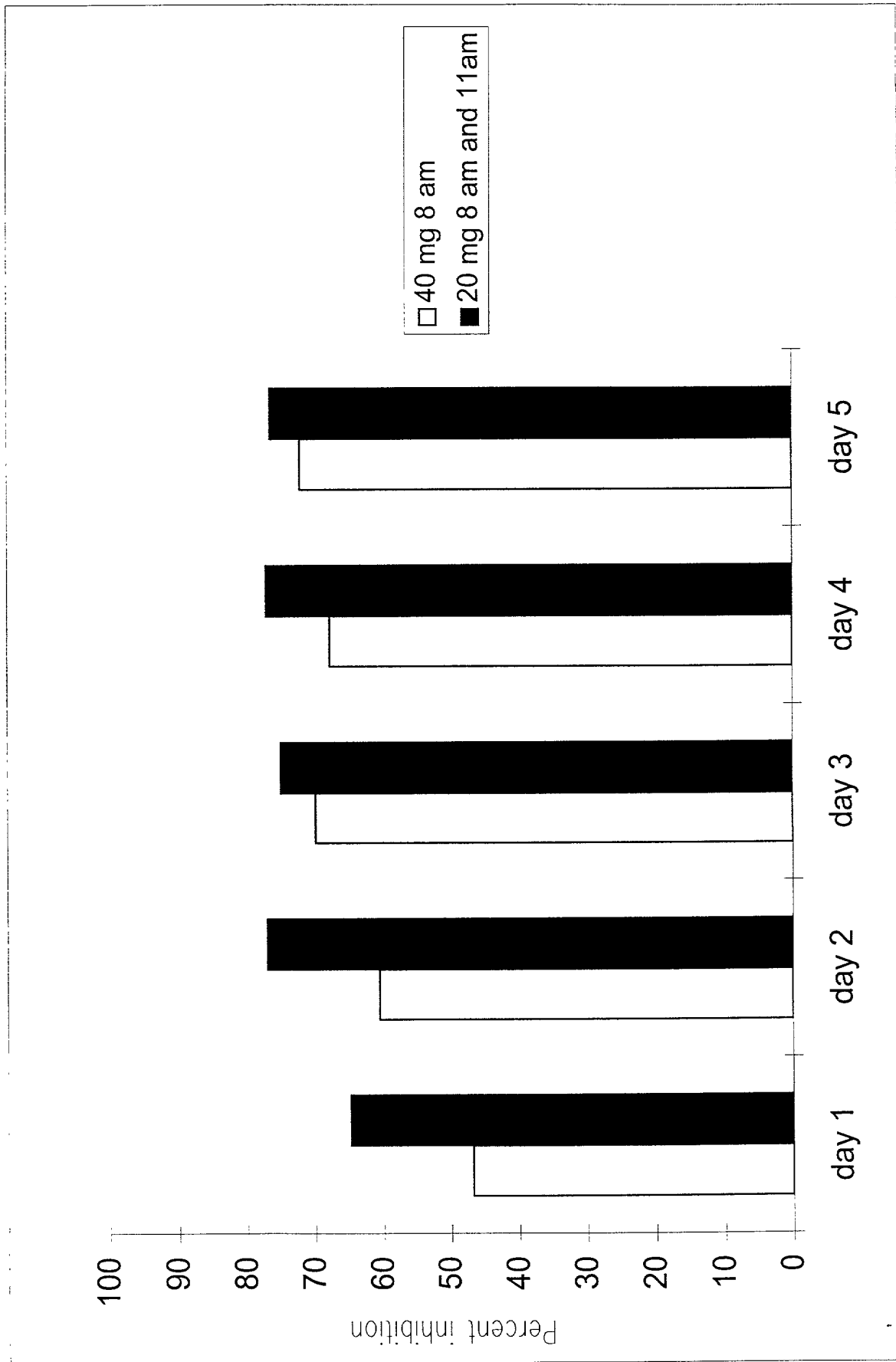


Figure 1.

**DECLARATION AND POWER OF ATTORNEY
FOR PATENT APPLICATION**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled ADMINISTRATION OF PHARMACEUTICALS, the specification of which is attached hereto unless the following box is checked:

☒ was filed on 18 June 1997 as United States Application Number or PCT International Application Number PCT/SE97/01098 and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR § 1.56

I hereby claim foreign priority benefits under 35 U.S.C. § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT International application which designated at least one country other than the United States, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application(s)

			Priority Not Claimed
<u>9602442-7</u>	<u>Sweden</u>	<u>20 June 1996</u>	
(Number)	(Country)	(Day/Month/Year Filed)	
_____	_____	_____	
(Number)	(Country)	(Day(Month/Year Filed)	

I hereby claim the benefit under 35 U.S.C. § 119(e) of any United States provisional application(s) listed below.

_____	_____
(Application Number)	(Filing Date)
_____	_____
(Application Number)	(Filing Date)

I hereby claim the benefit under 35 U.S.C. § 120 of any United States application(s), or § 365(c) of any PCT International application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. § 112.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR § 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

_____ (Application Number)	_____ (Filing Date)	_____ (Status -- patented, pending, abandoned)
_____ (Application Number)	_____ (Filing Date)	_____ (Status -- patented, pending, abandoned)

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

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New York, NY 10036-2787

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believe to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

[Signature] Full name of first inventor
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Inventor's signature *[Signature]* Date: Sept 22, 1997

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